

**CONCURRENT RESOLUTION REQUESTING ADDITION TO
FEDERAL CONTROLLED DRUG DATABASE**

2016 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Edward H. Redd

Senate Sponsor: _____

LONG TITLE

General Description:

This concurrent resolution of the Legislature and the Governor calls for methadone prescriptions and methadone doses dispensed by certified outpatient opioid treatment programs to be reported to state-run prescription drug monitoring programs.

Highlighted Provisions:

This resolution:

- ▶ highlights the significant risks of clinicians inadvertently causing harm or death to patients being treated with methadone for opioid dependency due to a federal restriction barring reporting of methadone use to state-run prescription monitoring programs; and

- ▶ urges the United States Department of Health and Human Services to revise federal regulations to require certified outpatient opioid treatment programs to report methadone prescriptions and methadone doses dispensed to state-run prescription drug monitoring programs.

Special Clauses:

None

Be it resolved by the Legislature of the state of Utah, the Governor concurring therein:

WHEREAS, opioids are highly effective medications for the treatment of pain but can



28 also be overused, leading to drug dependency and addiction, which can then lead to illicit
29 procurement and misuse of prescription opioids or heroin;

30 WHEREAS, use and misuse of opioids, including heroin and prescription opioid pain
31 medications, can result in mental impairment, unintentional life-threatening respiratory
32 suppression, and death;

33 WHEREAS, successful long-term treatment of opioid addiction and dependency
34 includes addressing severe and debilitating symptoms of opioid withdrawal and the subsequent
35 cravings that occur with stopping long-term opioid use;

36 WHEREAS, methadone has been shown to mitigate opioid withdrawal symptoms and
37 long-term cravings that would otherwise occur with abrupt or gradual cessation of opioids such
38 as heroin or prescription pain medications;

39 WHEREAS, the United States Food and Drug Administration has approved methadone
40 for use in the treatment of opioid dependence;

41 WHEREAS, over 330,000 individuals nationwide received methadone as part of an
42 opioid treatment program in 2013, the most recent year for which survey data is available;

43 WHEREAS, methadone prescribed for treatment of opioid addiction can be legally
44 obtained only through a certified outpatient opioid treatment program or hospital;

45 WHEREAS, when administered by itself, methadone can cause typical opioid side
46 effects including mental impairment and, with excessive dosing, respiratory suppression and
47 death;

48 WHEREAS, drug interactions are a leading cause of morbidity and mortality according
49 to the World Health Organization;

50 WHEREAS, drug-drug interactions between methadone and other co-prescribed
51 medications can lead to alterations in the bodily metabolism and breakdown of methadone, and
52 metabolism and breakdown of other co-prescribed medications;

53 WHEREAS, drug-drug interactions and additive side effects of methadone when
54 combined with other prescribed medications can result in life-threatening mental impairment,
55 suppression of respiratory drive, cardiac arrhythmias, and death;

56 WHEREAS, these life-threatening risks can be successfully mitigated and avoided only
57 when all prescribing clinicians treating an individual are aware that the individual is taking
58 methadone;

59 WHEREAS, methadone is a Schedule II drug as defined by the United States
60 Controlled Substances Act;

61 WHEREAS, the prescription of Schedule II drugs is typically reported to prescription
62 drug monitoring programs;

63 WHEREAS, prescription drug monitoring programs are statewide electronic databases
64 that collect designated data on controlled substances dispensed in the state in order to identify
65 potential cases of drug over-utilization, over-prescription, multiple prescribers of a controlled
66 substance to an individual, and misuse;

67 WHEREAS, the federal government has demonstrated support for prescription drug
68 monitoring programs as evidenced by United States Department of Justice and the United
69 States Department of Health and Human Services grant programs that assist states in
70 establishing and maintaining these programs;

71 WHEREAS, prescription drug monitoring programs also provide clinicians information
72 that may be necessary to avoid life-threatening drug-drug interactions and additive side effects
73 of co-prescribed medications;

74 WHEREAS, 42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient
75 Records, prohibits certified outpatient opioid treatment programs from releasing information
76 pertaining to the identity, diagnosis, prognosis, or treatment of any patient that is maintained in
77 connection with the performance of any drug abuse prevention function conducted, regulated,
78 or assisted by any department or agency of the United States except with the patient's written
79 consent, with a court order, or in a medical emergency;

80 WHEREAS, as a result of these regulations, individuals participating in certified
81 methadone-based opioid treatment programs typically receive daily dosages of methadone
82 dispensed at a facility that is physically and electronically separate from other health care
83 providers with strict isolation of diagnostic and treatment information;

84 WHEREAS, these federal regulations prohibit certified outpatient methadone-based
85 opioid treatment programs from notifying state prescription monitoring programs, including
86 Utah's Controlled Substance Database, of the prescribing of methadone for a given individual,
87 and as a result, health care providers not directly involved with these clinics have no certain
88 way of knowing that methadone treatment is being provided unless the patient chooses to
89 report it;

90 WHEREAS, this lack of reliable information for clinicians regarding the use of
91 methadone by a patient can result in clinical decisions and prescribing of medications that can
92 cause life-threatening adverse clinical outcomes that could otherwise have been avoided if the
93 clinician had known that the individual was being treated with methadone for opioid
94 dependency; and

95 WHEREAS, Utah continues to experience a large number of opioid-related
96 hospitalizations and unintentional opioid-related deaths, some of which are due to clinicians
97 being unaware that an individual was engaged in active treatment for opioid dependency using
98 methadone:

99 NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah, the
100 Governor concurring therein, urges the United States Department of Health and Human
101 Services to revise 42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient
102 Records, to require certified outpatient opioid treatment programs to report methadone
103 prescriptions and methadone doses dispensed to state-run prescription drug monitoring
104 programs.

105 BE IT FURTHER RESOLVED that the Legislature and the Governor urge that these
106 actions be taken to reduce the current significant risks of clinicians inadvertently causing harm
107 or death to patients being treated with methadone for opioid dependency due to the current
108 federally mandated restriction barring reporting of methadone use to state-run prescription
109 monitoring programs.

110 BE IT FURTHER RESOLVED that a copy of this resolution be sent to the President of
111 the United States, the Majority Leader of the United States Senate, the Speaker of the United
112 States House of Representatives, the United States Attorney General, the United States
113 Secretary of Health and Human Services, the United States Surgeon General, and the members
114 of Utah's congressional delegation.

Legislative Review Note
Office of Legislative Research and General Counsel